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FOR ACTION

COUNTRY PROGRAMME RECOMMENDATION*

Guatemala

The Executive Director recommends that the Executive Board approve the country programme of Guatemala for the period 1992-1996 in the amount of \$5,000,000 from general resources, subject to the availability of funds, and \$5,300,000 in supplementary funds, subject to the availability of specific-purpose contributions.

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* In order to meet documentation deadlines, the present document was prepared before aggregate financial data were finalized. Final adjustments, taking into account unspent balances of programme cooperation at the end of 1991, will be contained in the "Summary of 1992 recommendations for general resources and supplementary funding programmes" (E/ICEF/1992/P/L.2 and Add.1).

THE SITUATION OF CHILDREN AND WOMEN

1. The 1980s were characterized as a period of severe economic and political crisis, both of which continue to affect Guatemala today. The election of a civilian Government in 1986 was followed by a reduction of political violence and a partial upturn of the economy. None the less, between 1986 and 1990, the combination of economic adjustment policies and continuing civil strife resulted in an increased percentage of the population living in poverty. Subsidies for basic products were eliminated, electricity and water service tariffs were increased, and government expenditures in social areas were reduced. These policies, together with currency devaluation and interest hikes, produced an inflation rate that, by the end of 1990, had reached an unprecedented level in the history of Guatemala. By the end of the 1980s, the percentage of the population living in poverty had increased to 80 per cent, while the population in extreme poverty had risen to a dramatic 59 per cent.

2. The social costs of political violence during the 1980s were also severe. Armed conflicts, particularly fierce in indigenous regions of the highlands and Verapaz, have resulted in the loss of 100,000 lives, the disintegration of communities, some 500,000 displaced persons, 41,500 refugees, an estimated 200,000 widows and orphans and a significant shifting of government resources towards military expenditures. Civil conflict and economic adjustment policies have deepened the existing gap between rich and poor in Guatemala. The new Government, elected in 1990, faces the challenge of social reconciliation and improved economic development.

3. Guatemala is a predominantly rural society, with 61 per cent of the population living in 19,000 dispersed rural communities. Of an estimated population of 9.2 million, 48 per cent are officially considered indigenous, divided into 23 different ethnic groups, each speaking its own language. The concentration of wealth is reflected in land ownership patterns, with 2.2 per cent of the population owning an overwhelming 65 per cent of total arable lands. Some 44 per cent of the national income is concentrated in 10 per cent of the population. The Petén region and the north, north-west and south-western regions are the poorest in the country. They are also the areas with the greatest rural indigenous population.

4. The majority of Guatemala's population is young. Some 46 per cent are children under 15 years of age, while 18 per cent are under the age of 5 years. In 1990, the infant mortality rate (IMR) was estimated at 54 per 1,000 live births, and the under-five mortality rate (U5MR) at 94 per 1,000 live births. These indicators are even more dramatic among indigenous children, whose IMR is 16 per cent higher than that of non-indigenous children. Major causes of under-five mortality are diarrhoea (30 per cent), acute respiratory infections (ARI) (23 per cent) and perinatal complications (20 per cent).

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5. In 1990, 76 per cent of children under five years of age suffered some degree of malnutrition; 33.5 per cent of these children registered weight deficiencies and 57.8 per cent registered height deficiencies. In total, about 25 per cent of these children were suffering from severe malnutrition. Indigenous children account for 71 per cent of this at-risk group.

6. Females, 23 per cent of whom are of child-bearing age, represent 49.5 per cent of the total population. Estimated maternal mortality in 1989 was 200 per 100,000 live births. Only 23 per cent of births correspond to institutional deliveries; 33 per cent are attended by trained traditional birth attendants (TBAs) and 44 per cent by untrained TBAs. An estimated 50 per cent of all pregnant women suffer from malnutrition, resulting in low-birth-weight babies.

7. Some 55 per cent of the total population of Guatemala is illiterate. This figure increases to 72 per cent in rural areas and 85 per cent for indigenous women in the highlands. National primary school coverage is estimated at 60 per cent; however, coverage drops to 38 per cent in some rural areas in the south-western and north-western regions. Coverage in marginal urban marginal areas of Guatemala City is also well below the national average. Formal pre-school services for children five to six years of age cover only 27 per cent of this population group, and only 2.1 per cent of all disabled children receive special care or physical therapy.

8. While 91 per cent of the population in urban areas have access to safe water and 72 per cent to adequate sanitation, in rural areas, these figures drop to 41 and 52 per cent, respectively. In marginal urban areas, access to clean water and adequate sanitation is also well below the national average.

9. More than 700,000 of the 2 million inhabitants of Guatemala City live in 176 marginal settlements, which are high physical-risk areas lacking basic services. Given the present rate of growth, by 1996, the marginal urban population is expected to increase to a staggering 1 million.

10. With regard to the situation of children in especially difficult circumstances, economic and political factors have forced 5,000 children to the streets to seek means of survival, and nearly 1,160,000 youths under 18 years of age have entered the formal and non-formal labour force, often suffering exploitation. Additionally, the civil conflict has left more than 200,000 orphans and 500,000 displaced persons who suffer from psychological traumas, malnutrition and lack of basic services.

11. The exploitation and discrimination that Guatemalan women have traditionally faced has also increased with the socio-economic crisis. Owing to the reduction of real family income, increasing responsibilities as heads of household and scarce possibilities of entering the formal sector of the economy, most poor women have had to extend their already long workday up to 18 hours for meagre salaries and no social benefits. All of these factors, in turn, affect the physical and psychological states of these women.

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12. In summary, the major problems affecting children and women are: (a) high IMR caused mainly by diarrhoeal diseases, ARI, perinatal conditions and acute malnutrition; (b) high maternal mortality rates (MMRs) owing to the lack of adequate perinatal care; (c) alarming illiteracy rates, especially among indigenous women, low primary school coverage and deficient pre-school attention; (d) insufficient water supply and sanitation services in rural and marginal urban areas; (e) the existence of orphans, displaced persons and street children with psychological traumas and malnutrition; and (f) increased numbers of women in the informal sector of economy, with no social security, long work hours, low wages and limited participation in the formal sector.

PROGRAMME COOPERATION, 1988-1991

13. The basic objective of the UNICEF 1988-1991 programme of cooperation was to accelerate the reduction of infant, child and maternal mortality rates nationally, with particular emphasis in the north and south-west regions and urban marginal areas. The strategy pursued to achieve this goal was to provide integrated basic services in targeted areas and to strengthen national capacity for the delivery of services in the fields of health, nutrition, water supply and sanitation and basic education. Strategic emphasis was placed on social mobilization, community participation and advocacy for child survival and development with government and non-governmental implementing agents and policy makers.

14. During this programme period, UNICEF cooperation contributed to an increase in full immunization coverage from 9 per cent in 1985 to 64 per cent in 1990. In addition, a 1989 joint UNICEF/Institute of Nutrition of Central America and Panama (INCAP)/Centro Latinoamericano de Demografía (Latin American Demographic Centre) study indicated a greater than 5 per cent annual reduction in infant mortality owing to diarrhoeal diseases, and a 6 per cent annual decrease in infant mortality owing to ARI. Studies done by INCAP in 1989 and 1990 also revealed that vitamin A deficiency in under-five-year-olds decreased from 26 per cent in 1984 to 9.2 per cent in 1989. Water supply and sanitation coverage increased, with UNICEF interventions directly benefiting some 215,000 people in rural and marginal urban communities.

15. Achievements resulting from advocacy and policy support included: (a) the adoption and ratification of the Convention on the Rights of the Child and the preparation and signing of a national programme of action as follow-up to the Declaration and Plan of Action adopted by the World Summit for Children; (b) increased collaboration with the private sector in child-related programmes; (c) increased mass media collaboration and support during the last two years, resulting in greater public awareness of the social problems affecting children and women; (d) the development and dissemination of health-education messages in Spanish, as well as radio broadcasts in at least four indigenous languages, in cooperation with Radio Netherlands; (e) increased institutional and national capacity for planning and implementing special projects benefiting vulnerable groups in marginal urban

areas; (f) development of a policy for the promotion of women and girls and revision of legislation to eliminate discriminatory practices; and (g) institutionalization of a breast-feeding policy within the Ministry of Health and political support for an inter-institutional plan to ensure the necessary steps towards a successful breast-feeding campaign, including a successful start of the "baby-friendly" hospital initiative.

16. Also worth noting are the development of training modules for TBAs and the implementation of women in development and urban basic services projects. These projects have served as models for replication in new areas of the country and have been adopted by other national and international organizations such as the International Fund for Agricultural Development and the United States Agency for International Development (USAID).

17. In the field of water supply and sanitation, emphasis was placed on the introduction of low-cost and appropriate technologies, including gravity systems, hand-operated pumps and filters. These have been demonstrated as effective options and have been applied by other agencies of the United Nations system. Appropriate technologies for alleviating women's household chores were also introduced through the women in development project, where corn-grinding mills and fuel-saving stoves reduced the time employed in domestic chores by an average of two hours a day. This savings in time is also a savings of 700 calories of energy consumption for women.

18. During this period of cooperation, increased efforts were also made to strengthen inter-agency coordination. Health interventions, particularly immunization activities, were coordinated with the Pan American Health Organization (PAHO), USAID and Rotary International. A cooperation agreement between UNICEF, the United Nations Development Programme (UNDP) and the World Bank in the field of water supply and sanitation was also signed and will facilitate coordination of the development of appropriate technologies, replication of successful methodologies and expansion of coverage. UNICEF also cooperated with the United Nations Development Fund for Women (UNIFEM), UNDP, PAHO, the United Nations Educational, Scientific and Cultural Organization (UNESCO) and the Facultad Latinoamericana de Ciencias Sociales in the areas of policy development for women and the girl child, legislation review, a gender revision of school texts and primary education curriculum review for the incorporation of health education components.

19. Major constraints encountered in the implementation of UNICEF-assisted interventions included: the almost non-existence of national policies aimed at meeting the needs of the poorest and most vulnerable groups (in particular, women and children) in urban and rural areas; limited government budget for social programmes; and political violence, which hindered community organization and participation.

20. Despite those limitations, UNICEF-assisted programmes were successful in generating the necessary solidarity in some social sectors to mobilize around concrete interventions aimed at improving the living conditions of children and women in Guatemala. Selected community groups in both urban and rural areas contributed their time, work and materials towards the construction of water systems infrastructures, community houses, health centres, popular stores and pharmacies. UNICEF-assisted programmes also helped to generate private sector support for the control of diarrhoeal diseases (CDD), including cholera prevention and treatment, and the mobilization efforts of the Ministry of Health for vaccination and oral rehydration campaigns.

Lessons learned

21. Major lessons learned from programme reviews and evaluations of the urban basic services and water supply and sanitation programmes indicate the need for: (a) strengthening national institutional and programme capacity for increased intersectoral coordination; (b) more systematic promotion and documentation of successful project methodologies to assist with the replication and expansion of these experiences; (c) strengthening monitoring and evaluation systems to help support policy and advocacy-related activities; (d) national capacity-building for improved delivery of social services; (e) promotion of cost-recovery policies to ensure longer-term sustainability, especially for community-based projects; and (f) further training of counterparts in sentinel site methodology, with a focus that goes beyond the health sector.

22. The proposed programme of cooperation has been developed taking into consideration the situation of children and women in Guatemala, the review of past cooperation, the Convention on the Rights of the Child and the national programme of action, which was prepared by a multisectoral commission coordinated by the National Secretariat for Economic Planning and signed by the President of Guatemala at the Summit of Central American Heads of State in Honduras in December 1991.

23. Within this legal and political framework, the programme aims to support the national goals for infant, child and maternal mortality reduction and to protect and improve the well-being of children, women and their environment.

24. More specifically, the UNICEF programme of cooperation will focus on: (a) reducing infant, child and maternal deaths caused by ARI, diarrhoeal diseases and perinatal complications; (b) reversing the increasing trend of acute and moderate malnutrition in children under five years of age; (c) including child development as part of the curriculum of both primary education and literacy programmes; (d) protecting children in especially difficult circumstances, in particular, street children and children affected by armed conflict; (e) enhancing women's participation in development; (f) strengthening institutional capacity for planning, targeting and implementing social programmes benefiting poor children and women; and (g) developing and strengthening monitoring systems at national and local levels in order to monitor progress and implementation of the national programme of action.

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RECOMMENDED PROGRAMME COOPERATION, 1992-1996

Recommended general resources: \$5,000,000
Supplementary funding: \$5,300,000

Recommended programme cooperation a/

(In thousands of United States dollars)

	<u>General resources</u>	<u>Supplementary funds b/</u>	<u>Total</u>
Health	1 500	-	1 500
Nutrition	400	-	400
Basic education	500	-	500
Water supply and sanitation	-	1 000	1 000
Women in development	250	1 800	2 050
Children in especially difficult circumstances	200	1 000	1 200
Urban basic services	625	1 500	2 125
Advocacy and policy support	375	-	375
Programme support	<u>1 150</u>	<u>-</u>	<u>1 150</u>
Total	<u>5 000</u>	<u>5 300</u>	<u>10 300</u>

a/ The breakdown for estimated yearly expenditures is given in table 3.

b/ In addition, there are also funded supplementary funding projects shown in table 3.

25. Building on the achievements and lessons learned during the past period of cooperation, the programme consists of national-level interventions, with a concentration of activities in the rural north-western, south-western and the Verapaz regions, where social disparities are greatest when compared with national indicators. These regions also have the highest indigenous population density and have been severely afflicted by political violence. Additionally, an integrated urban basic services programme will be implemented in selected marginal urban areas of Guatemala City.

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26. These country-specific interventions will be further complemented and strengthened by previously Executive Board-approved and partially funded subregional initiatives for integrated primary health care (PHC), education for development, water supply and sanitation and children in especially difficult circumstances.

27. Strategic elements of the programme will include: (a) the coordination of activities between programmes to ensure complementarity of multisectoral interventions and convergence in selected areas; (b) national-level social policy development support; (c) local and national institutional capacity-building; (d) administrative decentralization; (e) advocacy and social mobilization; (f) inter-agency coordination, especially with other United Nations agencies such as PAHO/World Health Organization (WHO), UNESCO, UNIFEM and the World Food Programme (WFP), as well as other bilateral and financial organizations such as the Inter-American Development Bank and the World Bank; and (g) collaboration to the extent possible with the private sector and non-governmental organizations (NGOs).

Health

28. This programme builds on the experience and achievements of the subregional child survival programme financed by the European Economic Community (EEC) and the Government of Italy during the previous period of cooperation. During this new period, the programme aims to support the attainment of national maternal and child health-related goals, including the reduction of IMR to 40 per 1,000 live births and U5MR to 78 per 1,000 live births by 1996. UNICEF-supported interventions will focus on expanding and sustaining immunization coverage; CDD and control of ARI; improving maternal health and perinatal care; improving health information systems; and promoting the mobilization of additional resources for PHC interventions.

29. More specifically, the programme aims to achieve the following objectives: (a) to increase expanded programme on immunization coverage for children under one year of age to 80 per cent, thereby contributing towards a reduction of deaths due to measles by 80 per cent, and increase tetanus immunization to ensure that at least 75 per cent of all pregnant women have been immunized; (b) to reduce infant and child deaths due to diarrhoeal diseases by 50 per cent; (c) to reduce deaths due to ARI by 40 per cent; (d) to help to reduce perinatal deaths by 20 per cent and estimated MMRs by 30 per cent; (e) to increase access of poor women to health services and increase their knowledge about child development and family spacing; and (f) to strengthen local-level health information systems, which can be used for monitoring programme impact and targeting interventions.

30. UNICEF-supported activities will include strengthening local-level health systems; training of health personnel, including rural health promoters, in oral rehydration therapy and control of ARI, and promotion of breast-feeding and other basic health practices; establishment of oral rehydration units; training of TBAs; and provision of basic medical supplies and equipment and technical assistance.

31. The programme will be implemented in coordination with the Ministry of Health and selected NGOs and will seek to promote as much community participation as possible. Emphasis will be placed on coordinating activities with those of other UNICEF-supported programmes in the fields of nutrition and water supply and sanitation. As indicated earlier, whereas some normative interventions will be national in scope, UNICEF will target its assistance to the poorest regions of the country.

Nutrition

32. The overall objective of this programme is to improve the nutritional status of children and women in high-risk areas. Programme interventions will focus on reducing micronutrient deficiencies (vitamin A, iodine and iron), the promotion of exclusive breast-feeding for at least four months after birth and improved weaning practices, nutrition education, nutrition surveillance and improved family food security.

33. Iodine deficiency disorders will be tackled through support for salt iodization programmes and the provision of iodized oil for high-risk groups in identified areas. Iron tablets will be distributed to pregnant women as part of prenatal control activities. Support will also be provided for monitoring compliance with legislation on the addition of vitamin A to sugar. The distribution of vitamin A for children already identified as having severe vitamin A deficiency in selected rural departments will also be supported.

34. UNICEF support will include technical assistance, provision of supplies and equipment, training of personnel, advocacy and nutrition education. Programme activities will be implemented through the Ministries of Health, Education, Agriculture and Development, the Comisión Nacional de la Lactancia Maternal and NGOs.

Basic education

35. The programme will support the attainment of the educational goals contained in Guatemala's national programme of action. UNICEF-supported education projects under this programme will be geared to extending integrated services for pre-school and disabled children, increasing access to primary schools in areas where attendance levels are low and reducing illiteracy levels, particularly those of indigenous women. Special support will be provided for demonstrative educational projects for rural indigenous populations. Projects will emphasize: (a) pupils participation and consent; (b) respect for ethnic and social factors; and (c) adaptation of curricula to the identified needs of beneficiary population.

36. The target population includes 100,000 pre-school children, 50,000 disabled children, 150,000 primary school children, and 150,000 illiterate persons. Technical and financial support will be provided for non-formal, community-based pre-school programmes, bilingual and

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bicultural primary school curricula, and community-based literacy and adult education in rural areas with indigenous populations. Activities will include revision of curricula; development of educational materials; training of teachers, parents and literacy volunteers; provision of basic supplies; and logistical support. Special attention will be given to the incorporation of Facts for Life-type messages in literacy and post-literacy curricula. These local-level activities will be used as a basis for advocacy for increased attention to the educational needs of rural populations, and will be further complemented by national policy support interventions at the central level.

37. Implementing partners will include the regional offices of the Ministry of Education and the National Literacy Committee. Other non-governmental partners will include the Guatemalan Institute of Radio Schools, the Society for the Integral Development of the Guatemalan Family, local organizations of indigenous populations and organizations of parents with disabled children.

Water supply and sanitation

38. The overall objectives of this programme are: (a) to contribute towards the improvement of the health and well-being of identified population groups currently lacking access to adequate clean water supply and sanitation facilities in rural and marginal urban areas; (b) to strengthen community participation in the planning, implementation, maintenance and financing of water supply and sanitation services; (c) to strengthen national capacity for increasing water supply and sanitation coverage through the use of low-cost appropriate technologies; and (d) to ease the burden of women and children in providing household water requirements.

39. UNICEF support will be provided for the construction of 505 water systems, the installation of 1,500 hand-pumps and the construction of 40,000 sanitary latrines, all of which will benefit some 200,000 persons. Major programme lines of intervention include the provision of clean water, sanitation, environmental hygiene and health education, and institutional and programme support. Thirteen programmed activities will be strengthened by means of an information system that will allow for monitoring of the implementation process and impact evaluation.

Women in development

40. The programme includes both national and regional interventions. At the regional level, activities will be concentrated in four departments affected by armed conflict and will benefit 40,000 women, many of whom are widows and heads-of-household, and their families. Building upon lessons learned during the previous period of cooperation, the programme aims: (a) to alleviate the domestic workload of women; (b) to increase the income-generating capacity of women; and (c) to strengthen the participation of women in community decision-making. UNICEF support will be provided for the transfer of appropriate technologies that will reduce the time and energy required for

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chores such as grinding corn, seeking cooking fuel and fetching water; vocational training and provision of credit and technical assistance for the establishment of small enterprises; and strengthening women's organizations and leadership skills.

41. National-level interventions will include continued support for a gender review of national social policies, including other UNICEF-supported programmes in Guatemala; the approval and adoption of new legislation to eliminate discriminatory practices against women; the establishment of a national database system to obtain timely information about the impact of economic and social policies on the living conditions of women; and national-level advocacy and mobilization for the improved status and quality of life of Guatemalan women.

Children in especially difficult circumstances

42. The general objectives of this programme are: (a) to promote increased support for the protection and development of children in especially difficult circumstances through the sensitization and mobilization of public and private sectors; and (b) to increase national capacity for implementing alternative models of care for these children.

43. Activities will include the development of low-cost replicable models of care; support for the establishment of community-based committees to deal with issues facing these children; and advocacy for the implementation of the Convention on the Rights of the Child and the development of policies and programmes to address the special needs of children in especially difficult circumstances.

44. Strategic considerations will include measures aimed at better use of existing resources; greater attention to the girl child; increased participation of children, their families and communities in the development of programmes aimed at improving their situation and increasing their access to services; and increased advocacy and sensitization activities, targeting the general public, child-welfare institutions and the police force, in order to increase awareness of the situation and needs of children in especially difficult circumstances in Guatemala.

45. Programme interventions will be centred around the different categories of children in especially difficult circumstances, including street children, children at risk of becoming street children, child victims of armed conflict, working children and institutionalized children.

46. The direct beneficiary population will consist of 55,000 child victims of armed conflicts; 15,000 children at risk of becoming full-fledged street children in urban marginal areas; 4,000 street children; and 2,000 institutionalized children, with emphasis being placed on the humanization of these institutions. UNICEF support will be provided for: (a) the training of

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street educators and personnel from institutions dealing with these children; (b) advocacy efforts related to the situation of children in especially difficult circumstances and the Convention on the Rights of the Child; (c) exchange of experiences with other successful programmes in the subregion; (d) income-generating activities; (e) psychological support and literacy and recreation activities; and (f) technical assistance.

Urban basic services

47. This programme began as a pilot project in the Mezquital neighbourhood of Guatemala City in 1986. Between 1988 and 1991, integrated basic services activities were expanded to 45 marginal urban areas. The overall objectives of the programme for the proposed new period of cooperation are: (a) to consolidate activities initiated during the previous period of cooperation; (b) to expand coverage from 45 to 60 marginal urban areas of Guatemala City; and (c) to achieve recognition of this model as a viable alternative for improving the quality of life of Guatemala's rapidly growing marginal urban population.

48. UNICEF will continue to support community-based, low-cost models for the provision of clean water and sanitation services, improved housing, day-care centres, and other services, including popular pharmacies, community food stores and communal vegetable plots. In addition, support will be provided for income-generating activities, the training of health and other personnel, reforestation of neighbourhoods, literacy programmes for women, community organization and mobilization and local-level institution-building.

49. Increased access to basic services for the marginal urban population will be promoted through coordination with other UNICEF-supported sectoral programmes in the fields of health, education, water supply and sanitation, women in development and children in especially difficult circumstances.

50. At the central level, the programme will be organized and developed with the Inter-Institutional Commission for Integrated Care of Areas in Risk. At the local level, implementation and planning will involve local institutions and community committees, in coordination with NGOs and other United Nations agencies operating in these areas. Approximately 210,000 people will benefit from the programme, over 68 per cent of whom are women and children.

51. Programme monitoring will be carried out through the community information system developed during the previous period of cooperation. This system, which will be further strengthened, is similar to the sentinel site system, but monitors families identified as "at risk" by health volunteers. In addition, quarterly progress reviews will be carried out with community participation, and annual reviews will be held with participating partners to prepare the next year's plan of action. An external evaluation will be held and to make necessary adjustments for a more effective delivery of integrated basic services.

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Advocacy and policy support

52. This programme cuts across the entire country programme and aims ultimately to mobilize more local, national and multilateral resources for programmes benefiting children and women in Guatemala. Through this programme, technical assistance and advocacy support will be provided for the implementation and monitoring of achievement of the goals of Guatemala's national programme of action, and the development of social policies benefiting, in particular, women and children. Advocacy activities will focus on increasing public and institutional awareness of the Convention on the Rights of the Child and the national programme of action. Various sectors of society will also be mobilized in the implementation and attainment of Convention and national programme goals.

53. Activities will include: (a) assistance for the revision and amendment of legislation to conform with the Convention; (b) development of promotional and educational information about the Convention for children and policy makers; (c) training of personnel from NGOs and other agencies working with children; (d) technical support to national statistics institutions and governmental decision makers with a view to strengthening information systems for monitoring the implementation of the national programme of action; (e) strengthening administrative decentralization and building local-level capacity for planning, implementing and monitoring poverty alleviation programmes; and (f) expanding and strengthening local-level sentinel site methodologies for monitoring the progress of sectoral programmes towards achieving the goals of the national programme of action.

Programme support

54. Programmes for the various sectors of assistance will be implemented in coordination with public institutions, such as the ministries, and by decentralized institutions at the municipal or departmental level, NGOs and private entities. In addition, UNICEF will build on and improve coordination established during the previous period of cooperation with other multilateral and bilateral agencies working in the same fields, and United Nations agencies such as UNDP, PAHO/WHO, UNIFEM and UNESCO. The Guatemala office has budgeted programme funds to ensure adequate technical, administrative and logistical support for programme management and implementation. This will be achieved through the deployment of project staff in certain sectoral areas and the use of technical consultants on a temporary basis for specific thematic issues.

55. Special attention will be paid to monitoring and evaluation activities, with major emphasis placed on building national and local capacity for developing information systems to monitor progress made in compliance with the Convention on the Rights of the Child and the national programme of action goals at local, regional and national levels. In order to avoid creating new structures, technical assistance and support will be provided for

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strengthening existing social indicator systems of the National Statistics Institute and the General Secretariat of Economic Planning. Sentinel site methodology will also be strengthened and expanded to monitor the impact of UNICEF programmes locally. Yearly reviews and mid-term evaluations of all UNICEF-supported programmes will be undertaken with the participation of involved counterpart organizations.

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TABLE 1. BASIC STATISTICS ON CHILDREN AND WOMEN

Guatemala		(1990 and earlier years)		UNICEF country classification	
Under-five mortality rate	94	(1990)		High USMR	
Infant mortality rate	54	(1990)		High IMR	
GNP per capita	\$ 900	(1990)		Lower-middle GNP	
Total population	9198.0 Thousands	(1990)			

KEY INDICATORS FOR CHILD SURVIVAL AND DEVELOPMENT		1970	1980	1985	1990
Births	(thousands)	237	296	327	367
Infant deaths (under 1)	(thousands)	24	23	21	20
Under-five deaths	(thousands)	42	39	36	34
Under-five mortality rate		175	130	111	94
(per 1,000 live births)					
Infant mortality rate (under 1)		102	76	65	54
(per 1,000 live births)					
		About 1980	Most recent		
Underweight children (under 5)	Moderate & severe	..	34g		
(% weight for age, 1980/1987)	Severe	..	8g		
Babies with low birth weight		10	14 ^a		
(%, 1979/1985)					
% of primary school children		..	36		
reaching final grade (1980/1988)					

NUTRITION INDICATORS		About 1980	Most recent
Mothers breast-feeding at 3/6/12 months		.. / 84 / 74	95 / 79 / 80
(%, 1978/1985)			
Prevalence of wasting (%, 1980/1987)		..	3
Prevalence of stunting (%, 1980/1987)		..	68g
Daily per capita calorie supply			
(% of requirements, 1979-1981/1988)		100	107
Food production per capita index		98	95
(Index 1979-1981=100, 1980/1990)			
Household expenditure	All food/cereals		36 / 10
(% of total income, 1980-1985)			

HEALTH INDICATORS		About 1980	Most recent	
ORT use rate (%, 1989)			24	
Access to health services	Total	..	34	
(% of population, 1980/1985)	Urban/rural	.. / ..	47 / 25	
Access to safe water	Total	45	61	
(% of population, 1980/1988)	Urban/rural	89 / 18	91 / 43	
Access to adequate sanitation	Total	30	59 ^a	
(% of population, 1980/1990)	Urban/rural	45 / 20	72 ^a / 52 ^a	
Births attended by trained personnel		..	34	
(%, 1980/1987)				
Maternal mortality rate			200 ^a	
(per 100,000 live births, 1979/1989)		..		
Immunization		1981	1985	1990
One-year-olds (%) immunized against:	Tuberculosis	29	30	62
	DPT	42	21	66
	Polio	42	21	74
	Measles	8	23	68
Pregnant women (%) immunized against	Tetanus	1	2	48

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TABLE 1 (continued)

Gambia

EDUCATION INDICATORS		About 1980		Most recent		
Primary enrolment ratio (gross/net) (%, 1980/1987)	Total	71/ 58		77/ ..		
	Male	77/ ..		.. / ..		
	Female	66/ ..		.. / ..		
Secondary enrolment ratio (gross/net) (%, 1980/1987)	Total	17/ 13		21/ ..		
	Male	18/ ..		.. / ..		
	Female	15/ ..		.. / ..		
Adult literacy rate, 15 years & older (%, 1970/1990)	Total	44		55		
	Male/female	51/ 37		63/ 47		
Radio/television sets (per 1,000 population, 1980/1988)		45/ 25		63/ 37		
DEMOGRAPHIC INDICATORS		1970	1980	1985	1990	2000**
Total population	(Thousands)	5246.0	6917.0	7963.0	9198.0	12222.0
Population aged 0-15 years	(Thousands)	..	3331.8	3836.7	4391.7	5531.6
Population aged 0-4 years	(Thousands)	..	1270.6	1433.5	1607.9	1961.3
Urban population (% of total)		36	37	38	39	44
Life expectancy at birth (years)	Total	52	58	60	63	68
	Male	51	56	58	61	66
	Female	53	60	63	66	71
Total fertility rate		6.5	6.3	5.9	5.6	4.7
Crude birth rate (per 1,000 population)		45	44	42	40	35
Crude death rate (per 1,000 population)		15	11	10	8	6
		About 1980		Most recent		
Contraceptive prevalence rate (%, 1978/1987)		18		23		
Population annual growth rate (%, 1965-1980/1980-1990)	Total	2.8		2.8		
	Urban	3.6		3.4		
ECONOMIC INDICATORS		About 1980		Most recent		
GDP per capita annual growth rate (%, 1965-1980/1980-1990)		3.0		-2.1		
Inflation rate (%, 1965-1980/1980-1989)		7		13		
Population in absolute poverty	Urban/rural	.. / ..		.. / ..		
(%, 1977/1988)						
Household income share	Top 20%/bottom 40%	55/ 14		.. / ..		
(%, 1979-1981)						
Government expenditure (% of total expenditure, 1980/1987)	Health/education	.. / ..		8 ^a / 13 ^a		
	Defence	..		19 ^a		
Household expenditure	Health/education			13/ 4		
(%, of total income, 1980-1985)						
Official development assistance:	US\$ millions	73		256		
(1980/1989)	As % of GDP	1		3		
Debt service (% of goods & services exports, 1980/1989)		3		16		

a/ Aged 3-36 months.

Definitions, sources and symbols are described in the section preceding these data sheets.

* UNICEF field office source.

** United Nations Population Division projections based on past and current trends.

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TABLE 2. EXPENDITURE UNDER PREVIOUS COOPERATION PERIOD, 1988-1991

(Thousands of United States dollars)

COUNTRY: GUATEMALA

LATEST BOARD APPROVAL: 1987

GENERAL RESOURCES: 14,097,000

	Supplies and equipment (incl. freight)		Training grants		Project staff		Other cash		Totals		
	GR	FSF	GR	FSF	GR	FSF	GR	FSF	GR	FSF	Total
Health	363	3016		705	65	100	778	1122	1206	4943	6149
Water supply and sanitation	281	863	2	25			66	285	349	1173	1522
Nutrition	146		42				287		475		475
Education	59						439	11	498	11	509
Community organization and development	32	606	5	53		20	389	837	416	1516	1932
Women-centred programs		39	31	3			28	408	59	450	509
Children in especially difficult circumstances		264		106			51	357	51	727	778
Advocacy	5	6	20	2			351	20	376	28	404
Emergency	27						8		35		35
Planning and project support	68	92	14	23	162	411	429	655	673	1181	1854
Freight	35	141							35	141	176
GRAND TOTAL	1806	5027	114	917	227	531	2826	3695	4173 a/	10170	14343

GR = General resources.

FSF = Funded supplementary funding.

a/ Including allocations from global funds.

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TABLE 3. PLANNED EXPENDITURE, 1992-1996

(In thousands of United States dollars)

Country: GUATEMALA Period covered: 1992-1996	Funding status	1992	1993	1994	1995	1996	Total
Health	GR	300	300	300	300	300	1500
	FSF	768					768
	USF(R)	1000	1000	1000	1000	1000	5000
Nutrition	GR	80	80	80	80	80	400
	USF(R)	425	425	425	425	425	2125
Water supply and sanitation	FSF	761	519	558	584	268	2690
	USF(R)	239	481	442	416	732	2310
	NSF	200	200	200	200	200	1000
Education	GR	100	100	100	100	100	500
	FSF	39					39
	USF(R)	274	730	1039	871	618	3532
Women-centered programme	GR	50	50	50	50	50	250
	FSF	36					36
	NSF	375	375	350	350	350	1800
Children in especially difficult circumstances	GR	40	40	40	40	40	200
	USF(R)	111	118	164	277	260	930
	NSF	200	200	200	200	200	1000
Urban basic services	GR	125	125	125	125	125	625
	NSF	300	300	300	300	300	1500
Advocacy and policy support a/	GR	75	75	75	75	75	375
Programme support	GR	230	230	230	230	230	1150
TOTAL	GR	1000 a/	1000	1000	1000	1000	5000
	FSF	1604	519	558	584	268	3533
	USF(R)	2049	2754	3070	2989	3035	13897
	NSF	1075	1075	1050	1050	1050	5300
GRAND TOTAL		5728	5348	5678	5623	5353	27730

GR = General resources.

NSF = New supplementary funding.

FSF = Funded supplementary funding.

USF(R) = Unfunded supplementary funding subregional.

a/ In addition, \$300,000 was allocated prior to 1992 from Special Adjustment Facility for Latin America and the Caribbean.

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TABLE 4. STAFFING FROM BUDGET AND PROGRAMME FUNDS

COUNTRY: GUATEMALA	Number of posts	Amount (Thousands of United States dollars)
FINANCED FROM 1992-1993 APPROVED BUDGET: a/		
International Professional established posts	2	516
Local national Professional and General Service established posts	13	843
Operating costs		1927
Total	15	3286
FINANCED FROM PROGRAMME FUNDS: b/		
International Professional project posts		
General resources	1	252
Supplementary funds	12	2600
Local national Professional and General Service project posts		
General resources	4	166
Supplementary funds	27	994
Total	44	4012

a/ Guatemala administration budget also includes budgets of El Salvador and Honduras.

b/ For information source, see the 1992 revised post authorization table,
dated 23 July 1991.